

**ARKANSAS STATE BOARD OF COSMETOLOGY**  
**101 EAST CAPITOL, SUITE 108**  
**LITTLE ROCK, ARKANSAS 72201**  
**(501) 682-2168**

RECIPROCITY EXAMINATION REQUIREMENTS

A) General Requirements:

- 1) Only applicants who have completed the appropriate hours within the last three years will be accepted in this State for examination. **Affidavit must state dates of enrollment.** Applicant must have acquired training and completed the course as to scope of training and number of hours as stated below.

<u><b>Cosmetologist</b></u>	1500 hours	(hairdressing, manicuring, nail extensions, aesthetics)
<u><b>Manicurist</b></u>	600 hours	(manicure, pedicure, and nail extensions)
<u><b>Aesthetics</b></u>	600 hours	(skin care, facials, and cosmetic applications)
<u><b>Instructor</b></u>	600 hours	(certified to teach the Cosmetologist Course)
<u><b>Electrologist</b></u>	600 hours	(permanent hair removal by an electric needle or any other kind of device designed to permanently remove hair)

**OR**

- 2) Applicant must have a license in another State. In addition, said license does not qualify applicant for a reciprocal license in the State of Arkansas, due to expiration of license or applicant was not licensed by both a written and practical examination. **NOTE:** If applicant holds a current valid license in another State, but was not licensed by both written and practical examinations, said applicant must proceed with the following requirements for examination. Further, the scope of practice for which the applicant is licensed in another state must be equal to or greater than the particular class of license the applicant is applying for in the State of Arkansas. To be licensed in this State in one of the occupations listed below, the scope of practice for which the Applicant is licensed in another state must include the following.

<u><b>Cosmetologist</b></u>	(hairdressing, manicuring, nail extensions, aesthetics)
<u><b>Manicurist</b></u>	(manicure, pedicure, nail extensions)
<u><b>Aesthetics</b></u>	(skin care, facials, and cosmetic applications)
<u><b>Instructor</b></u>	(certified to teach the Cosmetologist Course)
<u><b>Electrologist</b></u>	(permanent hair removal by an electric needle or any other kind of device designed to permanently remove hair)

- B) Credential Requirements: The following documents must be submitted in accordance with the prescribed procedures. Only original documents will be accepted. Name on application must match name on documentation and identification cards, or supporting documents will be required.

- 1) Certification of License, Scope of Practice and/or Certification of Training. (Affidavit(s) to be completed and sent directly to the Arkansas State Board of Cosmetology by the appropriate licensing authority.) Affidavit(s) submitted by the Applicant *will not be accepted*.
- a) Applicant must request from the appropriate licensing authority certification of his/her licensing record and scope of practice and certification of his/her training. The affidavit(s) must be prepared and signed by an authorized designee and bear the impress of the licensing authority's state seal. The licensing authority must then send the affidavit directly to the Arkansas State Board of Cosmetology. The affidavit(s) must contain the following information:
- i) **Licensing and/or Training Record:** Name and address of Applicant; original date of issuance; certification of the date of expiration; certification of license number, file number or identification number, etc.; certification of the scope of the occupation for which the Applicant is licensed to practice. **OR** Name and address of Applicant; dates of enrollment, total number of hours acquired, file number or identification number, etc.; scope of occupation for which Applicant was trained.
- ii) **The Office of the Arkansas State Board of Cosmetology will not process your application until it has received the certification record(s) from the appropriate licensing authority.**

**2) Photographic Identification:**

- a) Applicant must submit a legible photocopy of a government-issued photographic identification card, which contains signature, and date of birth. Such forms of photographic identification are Photographic Driver's License (any state) or an Arkansas Photographic ID card or Military Photographic ID card. All photographs must be recognizable as the Applicant. The name on the application must match the name on the photographic identification card.

**3) Additional Items:**

- a) Applicant must submit a legible photocopy of Social Security Card.
- b) A Completed Application for Practitioner Examination. (enclosed)
- b) Examination fee of \$30.00. The fee includes the license. Applicants will be examined in Written and Practical unless otherwise instructed. (We will not accept temporary checks.)
- c) High school credits of not less than two years (10<sup>th</sup> grade) or its equivalent for Cosmetologists, Aestheticians or Manicurists and four years (12<sup>th</sup> grade) or its equivalent for Instructors and Electrologists. *This requirement does not apply if you have provided proof of licensure in another state.*
- d) Birth certificates if applicant is less than 18 years of age.
- e) In addition to the above requirements, any Applicant applying for the Instructor examination must also hold a current Arkansas Cosmetologist License.

No person may practice or teach any phase of Cosmetology in this State until licensed by the Arkansas State Board of Cosmetology.

**General Examination Information:**

*Examinations are held next door to the Board's office in Suite 106. Exams are given every Monday and Tuesday with the exception of every third week, holidays and board meeting days. Once you have submitted your application and required documents, you will be notified in three weeks as to when your examination date is. Applications that are not submitted properly will be refused and returned.*

**Arkansas State Board of Cosmetology**  
**101 East Capitol, Suite 108**  
**Little Rock, AR 72201**  
**(501) 682-2168**

## APPLICATION FOR PRACTITIONER EXAMINATION

Please PRINT using blue or black ink. You must answer all questions.

<b>Type of examination you are applying for:</b>					
<input type="checkbox"/> <b>Cosmetology</b>		<input type="checkbox"/> <b>Manicure</b>		<input type="checkbox"/> <b>Aesthetician</b>	
<input type="checkbox"/> <b>Instructor</b>		<input type="checkbox"/> <b>Electrology</b>			
First Name		Middle Name		Last Name	
Social Security Number					
Address		City		State	
Zip Code		Phone Number			
Date of Birth	Gender	Race			
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native			
Beauty School Attended		Date training began		Date completed training	
Total hours completed					
Have you ever been licensed in any phase of Cosmetology? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, Is the license current? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, what type of license? _____					
If yes, in what State(s) were you licensed? _____					
Are you a first time applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Written Examination Request:</b>			
If you answered NO, are you		Will you be using an interpreter for the examination? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> applying to take ONLY the practical		If Yes, list name of interpreter _____			
<input type="checkbox"/> applying to take ONLY the written		If you have a disability and require accommodations in taking this examination, you must complete a "Request for Accommodation" form and submit with this application.			
<input type="checkbox"/> applying to take the written and practical					

This application must be completed in proper form and submitted with the \$30.00 examination fee. Examinations are held every Monday and Tuesday with the exception of the third week, holidays and Board Meeting Dates. Upon receipt of this application, you will be notified in three weeks as to the date of your examination.

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Board to take disciplinary action.

Applicant's Signature	Today's Date
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**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

Application Date _____ Exam Date _____ Receipt # _____		
Written Score _____		Practical Score _____
Student ID # _____	Practitioner ID # _____	License # _____